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Bib Data Sheet

CONFIRMATION NO. 9105

SERIAL NUMBER 09/935,521	FILING DATE 08/23/2001 RULE	CLASS 235	GROUP ART UNIT 2876	ATTORNEY DOCKET NO. G&C 31003.14US01
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 09/25/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NV	SHEETS DRAWING 9	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE

METHOD AND APPARATUS FOR AUTONOMOUS VALIDATION OF ISSUED SCRIP MEDIA

FILING FEE RECEIVED 1019	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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